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2013 Committee Briefings

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INTEGRATED HEALTH CARE MODELS AND MULTI-PAYER DELIVERY SYSTEMS STUDY COMMITTEE

Meeting Dates: November 19 & 20, 2013

Purpose. *This compilation of briefings on legislative interim committee meetings and other meetings and topics of interest to the Iowa General Assembly, written by the Legal Services Division staff of the nonpartisan Legislative Services Agency, describes committee activities or topics. The briefings were originally distributed in the Iowa Legislative Interim Calendar and Briefing. Official minutes, reports, and other detailed information concerning the committee or topic addressed by a briefing can be obtained from the committee's Internet page listed above, from the Iowa General Assembly's Internet page at https://www.legis.iowa.gov/, or from the agency connected with the meeting or topic described.*

INTEGRATED HEALTH CARE MODELS AND MULTI-PAYER DELIVERY SYSTEMS STUDY COMMITTEE

November 19 & 20, 2013

Co-chairperson: Senator Amanda Ragan
Co-chairperson: Representative Linda J. Miller

Background. The Legislative Council approved the Integrated Health Care Models and Multi-payer Delivery Systems Study Committee and authorized two meeting days. The study committee was tasked to: review and make recommendations for the formation and operation of integrated care models in Iowa; review integrated care models adopted in other states that integrate both clinical services and nonclinical community and social supports utilizing patient-centered medical homes and community care teams; recommend the best means of incorporating into integrated care models nonprofit and public providers that care for vulnerable populations; review and make recommendations regarding development and implementation of a statewide medical home infrastructure to act as the foundation for integrated care models; review opportunities under the federal Affordable Care Act for development of integrated care models; address consumer protection, governance, performance standards, data reporting, health information exchange, patient attribution, and regulation issues relative to integrated care models; and perform other duties specified in the legislation. In addition, the committee is to serve as a legislative advisory council on multi-payer health care delivery systems to guide the development by the Department of Human Services (DHS) of Iowa's design model and implementation plan for the State Innovation Models Initiative grant awarded by the Centers for Medicare and Medicaid of the United States Department of Health and Human Services. The committee may request that legislative leaders authorize supplementing the study committee membership to ensure there is a comprehensive review process and adequate stakeholder participation. The committee held its two meeting days on November 19 and 20, 2013.

Evolution of the Health Care Delivery System. Mary Takach, Senior Program Director, National Academy for State Health Policy (NASHP), provided an overview of pathways to integrated health care delivery systems utilizing patient-centered medical homes, team-based care, accountable care organizations (ACOs) and accountable communities, and focusing on population health and multi-payer financing. Peter Damiano, DDS, Director, Public Policy Center; Director, Health Policy Research Program; and Professor, Preventive and Community Dentistry, University of Iowa, discussed the drivers of health care reform, which are cost, access to care, and quality, and the evolution of the health care system from an acute care system to a community integrated system that focuses on population health and social determinants of health. Christopher Atchison, Clinical Professor, Department of Health Management and Policy; Director, University of Iowa Hygienic Lab; and Associate Dean for Public Health Practice, University of Iowa, College of Public Health, discussed health reforms in Iowa over the decades, all focusing on cost, quality, and access, and the goal of promoting optimal health status of both individuals and populations.

Medical Homes. Ms. Takach discussed the qualification standards for patient-centered medical homes and variations from state to state. Qualification standards provide assurance to payers and can be standardized to meet delivery system goals. Tom Evans, MD, President and CEO, Iowa Healthcare Collaborative, and chairperson of the Prevention and Chronic Care Management/Medical Home Advisory Council, discussed the progress and accomplishments of the advisory

council and noted that the council has voted to change its name to the Patient-centered Health Advisory Council to more accurately reflect the work of the advisory council. Bery Engebretsen, MD, Primary Health Care, Inc., and David Carlyle, MD, McFarland Clinic, discussed how a medical home operates in practice in a federally qualified health center and in a private practice. Jennifer Vermeer, Iowa Medicaid Director, DHS, discussed the two types of medical homes being utilized by the Medicaid program: chronic condition health homes and integrated health homes.

Accountable Care Organizations. Ms. Takach provided an overview of state roles in supporting ACOs including utilization of a strong primary care foundation for any ACO, implementation of ACOs by various payers and the need for multi-payer ACOs, state-legislated certification of and accountability for ACOs, incorporation of public health and utilization of team-based care to provide linkages to community services, and the need for robust health information technology.

Representatives of commercial and Medicare Shared Savings Program ACOs provided overviews of their ACOs, including those established by UnityPoint Health and the University of Iowa Health Alliance including Mercy Health Network, University of Iowa Health Care, and Genesis Health System. Lessons learned include the need for change in the culture of health care delivery to focus on quality, the need for connections and integration with the community, and the importance of utilizing patient-centered primary care and care coordination as a basis for care delivery. A representative of the Trinity Pioneer ACO also provided an overview of the Pioneer ACO which is a model specified under the Affordable Care Act for health care organizations and providers that are already experienced in coordinating care for patients across settings and will move more quickly toward a population-based payment model.

Community Engagement. Chris Espersen, Director of Quality, Primary Health Care, Inc., discussed the importance of integrating social determinants of health into the health care system. Only 10 percent of health is determined by traditional medical services while the majority of health is determined by the environment and behaviors. Transformation of the health care system must consider social determinants of health to improve health care as well as to lower costs. Through recognition of the factors that influence an individual's health and provision of care coordination and appropriate supports, individuals can realize sustained improvements in health outcomes. Julie McMahon, Iowa Public Health Association, discussed why public health is an essential partner in an integrated health care delivery system. Public health focuses on population health and prevention which will result in shifting the cost curve by preventing more Iowans from developing chronic conditions in the first place. Public health brings a knowledge of the community and population, population-based services and the prevention of chronic disease, experience with care coordination, and knowledge of personal health services that prevent and delay hospitalization and long-term care. Peggy Stecklein, former community health coordinator, Dallas County Public Health, discussed their health navigator program which provides a resource for individuals to address social determinants of health through integration of existing community resources. Kala Shipley, Community Transformation Grant Project, DPH, described the project which is funded through a grant for the Centers for Disease Control and Prevention. The Iowa project focuses on tobacco-free living, active living, healthy eating, clinical and community preventive services, and safe and healthy physical environments. The project has been implemented in 25 counties, has established partnerships with local boards of health, and coordinates with state and local partners. Jon Durbin, Bureau of Communication and Planning, DPH, discussed the potential collaboration between public health and hospitals in utilizing community health needs assessments, community health improvement plans, and community health benefits planning in order to identify community needs and craft strategies and long-term partnerships in statewide health planning. Ted Boesen, CEO, and Sarah Dixon Gale, Senior Program Director of Emerging Programs, Iowa Primary Care Association, discussed the opportunities for integrating safety net providers and their patients into a comprehensive, community-based integrated health delivery system. They also discussed the community care coordination grant as an opportunity to develop regional community care coordination entities across Iowa to coordinate care for high-risk patients and to support primary care providers. Two communities were awarded grants on November 15, 2013.

Addressing Unique Populations in an Integrated System. Danielle Oswald-Thole and Mary Nelle Trefz, Child and Family Policy Center; Vickie Miene, Executive Director, Center for Child Health Improvement and Innovations, Division of Community and Child Health, Department of Pediatrics, University of Iowa Carver College of Medicine; and George Estle, CEO, Tanager Place, discussed the unique needs of children in an integrated system. Rick Shults, Division Administrator, Division of Mental Health and Disability Services, DHS; Donna Harvey, Director, Iowa Department on Aging; and Bob Russell, DDS, State Public Health Dental Director, Bureau Chief, Bureau of Oral and Health Delivery Systems, DPH; discussed the unique populations and conditions of behavioral health and older Iowans and dental health, respectively, in an integrated system. J.D. Polk, D.O., Dean, College of Osteopathic Medicine, Des Moines University, discussed workforce strategies in an integrated health system.

Health Information Technology and Data Analytics. Kim Norby, State Health Information Technology (HIT) Coordinator and Executive Director, Iowa e-Health, discussed the three main services of the Iowa HIT which consist of directed exchange, query-based exchange, and state reporting exchange, and the importance of data exchange and quality measurement. Meghan Harris, Iowa Public Health Tracking Coordinator, DPH, provided an overview of the Iowa tracking program and the importance of the collection, integration, analysis, interpretation, and dissemination of population health data in an integrated health system. Herb Filmore, Vice President, Strategic Innovation, Treo Solutions, discussed the importance of reliable, risk-adjusted data in buying value-based care. Data and analytics that incorporate population

health are a key part of a more efficient system and social determinants of health data is the next wave in data collection and analytics. Dr. Tom Evans discussed the use of data for research, comparison and accountability, and improvement. He noted that the health care community in Iowa is very engaged in collecting and utilizing data to make sense of individual and population health. Ms. Espersen provided an overview of the importance of health information technology and data analytics from a provider perspective. Data has helped Primary Health Care, Inc. to make substantial improvements in population health, and only data that is timely, accessible, actionable, comprehensive, and accurate can be used to improve population health and decrease the cost of care.

Role of Medicaid in the Integrated System. Ms. Vermeer provided an overview of the Iowa Health and Wellness Plan, which is Iowa's version of expansion of the Medicaid program to Iowans age 19-64 with incomes through 133 percent of the federal poverty level (FPL). The Iowa Wellness Plan will cover those through 100 percent of the FPL and the Marketplace Choice Plan will cover those through 133 percent of the FPL. Ms. Vermeer, along with two of the State Innovation Models (SIM) Initiative workgroup chairpersons, Dr. Evans and Mr. Atchison, provided an overview of the SIM report including metrics and contracting, member health engagement, long-term care, and mental health and substance abuse. The state was awarded a SIM Design Award from the Centers for Medicare and Medicaid Services to develop a plan for lowering costs and improving quality of care for its Medicare, Medicaid, and Children's Health Insurance Program (CHIP) populations.

Investing in Quality. Ms. Takach provided an overview of utilizing payment to incentivize an integrated system. The basis of integrated care models begins with strong primary care. Practice training, data analytics, expanded care teams, patient engagement, and community linkages, including public health, are fundamental to success and provide great potential for meeting cost and quality targets in an integrated system. Ms. Vermeer noted the importance of a multi-payer integrated system that is being developed through the SIM. Nick Gerhart, Commissioner of Insurance, noted the opportunities under the Affordable Care Act to focus on prevention; the need to focus on patient-centered medical homes to address fragmentation in the system; the fact that there is no one definition of an ACO; that insurance companies are important partners in ACOs; that reimbursement is starting to align with outcomes even outside of ACO arrangements; that the Insurance Division regulates entities when performance risk crosses the line to insurance risk; and that some issues for legislators to consider relative to ACOs and similar types of arrangements are those of physician referral, antikickback, and antitrust. Mike Fay, Vice President of Health Networks, Wellmark Blue Cross and Blue Shield, noted that insurers are not ACOs; they merely enable the provider organizations that constitute ACOs to function. Today's health delivery model is patient- and population-health focused. An important aspect to address is patient engagement in their own health care. Now that all of the major health systems in Iowa have formed ACOs, in the next couple of years there will be ACOs that are clinic driven and physician driven. Not every provider group has to constitute an ACO; there could be smaller-scale initiatives that focus on improving quality and managing cost without taking on risk. David Lyons, Founding Director and CEO, CoOportunity Health, discussed the importance of measuring value through the consumer's eyes, noting that consumers want seamlessness between public and private payers. There are opportunities in increased coordination of care, the use of patient-centered medical homes, and payment alternatives, he stated.

Workforce and Delivery Strategies. Victoria Sharp, MD, Director, Carver (College of Medicine's) Rural Iowa Scholars Program (CRISP) provided information about CRISP, which is designed to attract, educate, and inspire future physicians to meet medical needs in rural areas of the state through mentorship, shadowing, field experience, clinical experience, electives, clerkships, and community orientation. In exchange for practicing in a rural area of Iowa for at least five years after completing residency in Iowa, the student receives $20,000 in January of their intern year and $16,000/year for five years of practice in Iowa. Currently there are eight mentors and 89 students in the program. Chris Cooper, MD, Associate Dean, Office of Student Affairs and Curriculum, University of Iowa Carver College of Medicine, discussed retaining medical students in Iowa and the need to focus on quality in training. Eric Tempelis, JD, MPA, Director of Government Relations, Gundersen Health System, and member, Iowa Rural Health Association Board of Directors, noted that ensuring that access is supported by the health care system includes moving from fee-for-service to value-based reimbursement through the Healthcare Quality Coalition, medical homes, and ACOs; promotion of interstate regulatory harmonization; inclusion of all clinics and hospitals in medical homes and ACOs; and improvement in telemedicine access. Kari Prescott, Executive Director, Webster County Health Department, presented information about the community care team project grant awarded to Webster County as a means of improving access to care and improving population health through collaborative efforts that coordinate and mobilize health care and community resources, fill gaps in services without duplicating efforts, and open channels of communication between service providers. The community care team concept uses a tri-navigation system to wrap around the patient and provide navigation between the primary care provider, behavioral health, and public health/community.

Discussion and Recommendations. The members discussed additional information needs and lessons learned during the meetings, which are included in the minutes of the meetings.

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